

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DRY REAGENT STRIP CONFIGURATION, COMPOSITION AND METHOD FOR MULTIPLE ANALYTE DETERMINATION

the specification of which (check one): ☒ is attached hereto.
☐ was filed on: _____
 Application Serial No.: _____
 and was amended on: _____

 _____ (if applicable)
☐ was described and claimed in
 PCT International Application
 No. _____
 filed on: _____
 and as amended under PCT
 Article 19 on: _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed:

Prior Foreign or PCT Application(s): Priority Claimed?

Application Number	Country (or indicate if PCT)	Day/Month/Year Filed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Application Number	Country (or indicate if PCT)	Day/Month/Year Filed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**Prior U.S. Application(s) or PCT International Application(s)
Designating the U.S. for Benefit Under 35 USC §120:**

60/082,786	4/23/98		x	
U.S. Application Serial No.	U.S. Filing Date	Patented	Pending	Abandoned
U.S. Application Serial No.	U.S. Filing Date	Patented	Pending	Abandoned

PCT Applications Designating the U.S.:

PCT Application No.	PCT Filing Date	U.S. Serial Nos. Assigned (if any)	Patented	Pending	Abandoned
PCT Application No.	PCT Filing Date	U.S. Serial Nos. Assigned (if any)	Patented	Pending	Abandoned

BEST AVAILABLE COPY

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Joel M. Blatt

Signature: _____

Dated: _____

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Signature: _____

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